

U.S. Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND** **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188
Expire 11/30/2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 140.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- <u>25733</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2005 Through <u>12</u> / <u>31</u> / 2005
3 Name and address of person filing Name <u>JOSEPH L. SELMECKI</u> P.O. Box Bldg. Room No. if any Street <u>1024 NEW ROCK HILL ROAD</u> City <u>WALLINGFORD</u> State <u>Connecticut</u> ZIP Code +4 <u>06492</u>	4 Name, file number, and address of labor organization Name <u>USW LOCAL UNION 2242</u> Labor Organization File Number <u>013-715</u> P.O. Box Building and Room Number if any Street <u>165 WASHINGTON STREET</u> City <u>WALLINGFORD</u> State <u>Connecticut</u> ZIP Code +4 <u>06492</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <u>ALLEGHENY TECHNOLOGIES</u> Trade Name if any <u>ALLEGHENY LUDLUM DIVISION</u> P.O. Box Bldg. Room No. if any Street <u>80 VALLEY STREET</u> City <u>WALLINGFORD</u> State <u>Connecticut</u> ZIP Code +4 <u>06492</u>	7 a Nature of Interest, Transaction, or Income <u>COMPANY CALLED LABOR-MANAGEMENT MEETINGS</u> <u>TRAVEL EXPENSES AND HOTEL</u> 7 b Amount <u>\$1 499</u>

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed Joseph L. Selmecki On 5/15/06 203-265-6749
Date Telephone Number